

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 1 6 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobby	ist(s) Robert Clegg, Do	ebra Vanderbeek,	Periklis Karoutas, Le	eann Moccia	, Chris Herr
II. Name of lobby	ist's partnership, firm	or corporation, if a	any:		
	Legislative Solution	s, L.L.C.			
(Name of partnership, firm	or corporation)	··		
	P.O. Box 10724	Bedford	HA E	4	03110
Business Address:	(Street)	(Town/City)	(Sta	ite)	(Zip Code)
() 603-860-	3682 ()	e-mail \$	enclegg@ao	l.com
(Telephon	e)	(Fax	;)		<u>.</u>
reportable expens	e transactions which a	re not attributable	to any one client).		le a separate report for
□ All reportable t	ransactions occurring ir	i the months prior to	the reporting date rel	ative to the fo	Howing Chent:
		•	gainst the Death Pe		
<u>OR</u>	(Full Name of Client	as it appears on the L	obbyist Registration For	m)	
		ist (including the lo	bbyist's family), or th	e lobbying fir	m listed below which are
IV. Date of Repor	t April 25, 2018		July 25, 201 activity from 4/1/18	18 🔼	
Reports cover:	ctivity from date of registi				
	October 31, 2018 activity from 7/1/18 to		January 30, activity from 10/1/		
	een no fees received ed, complete just this for ll.				
VI. Check if addit	ional reports are attac	hed:			
	ceived fees or made exp		file Addendum A- F	ees and Exper	ises
	id an honorarium or reir				
☐ If you, your fir	m, or your family has n	nade political contrib	outions, you must file	Addendum (C- Political Contributions
I have read RSA 1:	Affirmation by Lobby 5, RSA 15-B, RSA 14-C e best of my knowledge	and RSA 664 and I	hereby swear or affirn	n that the fore	going information is true
True)	tun/		July 19, 20	18	
(Signature of lobb	yist)			(Date)	
Robert Clegg	0				
(Print Name of lot	obyist)				

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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l. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karout	tas, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Coalition Against the Death Penalty	Date July 19, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 12,500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>15,000.00</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>27,500.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a business than \$10 that is given to the personed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, but not greater than \$50, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$ <u>12,500.00</u>
in a), of \$25 or less.	p) \$ 0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 12,500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's reporting	e) \$ <u>15,000.00</u>
f) Total of all expenses year to date	f) \$ 27,500.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	om lobbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	s
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or a is true and complete to the best of my knowledge and belief. (Signature of Johnwist)	ffirm that the foregoing information July 19, 2018
(Signature of lobbyist) Robert Clegg	(Date)
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

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Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying parti	nersnip, tirm, or corpo	ration: Legislative solutio	ns, t.t.c.	_
Name of Client (leave b	lank if Statement is for	or the partnership, firm, or	corporation and not related to a	ny
particular client):	New Hampshire	e Coalition Against the Dea	th Penalty	
Date of Report (check o	one):			
April 25, 2018 □	July 25, 2018 💢	October 31, 2018 🗆	January 30, 2019 □	
	ms submitted with the		nd Expenses described above, a sumber of Addendum forms bei	
I hereby swear or affirm complete to the best of response (Signature of lobbyist)		rief.	9, 2018 (Date)	nd
Debra Vanderbeek				
(Print Name of lobbyist)				

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

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NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying parti	nership, firm, or corpo	ration: Legislative Solutio	ns, L.L.C.	
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not related to any	
particular client):	: New Hampshire Coalition Against the Death Penalty			
Date of Report (check o	ne):			
April 25, 2018 □	July 25, 2018 💆	October 31, 2018 🗆	January 30, 2019 □	
			nd Expenses described above, and imber of Addendum forms being	
Addendum A(s)				
Addendum B(s)				
Addendum C(s)				
I hereby swear or affirm complete to the best of responsible to the best of		ief.	of and each Addendum is true and .9, 2018	
(5.5.19.000)			(Duite)	
Periklis Karoutas				
(Print Name of lobbyist)	1			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

JUL 1 6 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Lobbying part	nership, firm, or corpo	ration: Legislative Solution	ns, L.L.C.	
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not related to any	
particular client):	articular client): New Hampshire Coalition Against the Death Penalty			
Date of Report (check o	one):			
April 25, 2018 🗆	July 25, 2018 🗖	October 31, 2018 🗆	January 30, 2019 □	
	,			
· · · · · · · · · · · · · · · · · · ·			d Expenses described above, and imber of Addendum forms being	
Addendum A(s)).			
Addendum B(s)				
Addendum C(s)				
I hereby swear or affirm complete to the best of a large state of lobbyist)		ief.	t and each Addendum is true and 9, 2018 (Date)	
			,	
Leann Moccia				
(Print Name of lobbyist				

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

JUL 1 6 2018 NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.	
· ·		or the partnership, firm, or e Coalition Against the Dea	corporation and not related to	to any
Date of Report (check				
yy				
April 25, 2018 □	July 25, 2018 🛕	October 31, 2018 🗆	January 30, 2019 □	
			nd Expenses described above umber of Addendum forms	-
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
•	rm that the foregoing in f my knowledge and be	lief.	nt and each Addendum is tru 19, 2018 (Date)	ie and
(Signature of lopoyist)		(Date)	
Chris Herr				
(Print Name of Jobbyi	st)			